MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET

SERIAL NO.	FILING DATE
APPLICANT(S)	

CLAIMS

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT	
	IND	DEP	IND	DEP	IND	DEP
1						
2						
3						
4						
5						
6						
7						
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44						
45						
46						
47						
48						
49						
50						
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						

	IND	DEP	IND	DEP	IND	DEP
51						
52						
53						
54						
55						
56						
57						
58						
59						
60						
61	1					
62		1				
63		1				
64		1				
65		1				
66		1				
67		1				
68		1				
69		3				
70		1				
71		9				
72		9				
73		9				
74	1					
75		1				
76		1				
77		1				
78		1				
79		1				
80		1				
81		1				
82		3				
83		1				
84		9				
85		9				
86		9				
87						
88						
89						
90						
91						
92						
93						
94						
95						
96						
97						
98						
99						
100						
TOTAL IND.	2					
TOTAL DEP.	76					
TOTAL CLAIMS	78					